	,,,,	ır case:				
	Surinder S Gho		at Nam -			
Debtor 2	rirst Name	Middle Name La	st Name			
	First Name	Middle Name La	st Name		-	
United States Bankru	ptcy Court for the	EASTERN DISTRICT OF NEW YO	RK		_	
Case number 8-19	-78179					
(if known)		☐ Ch	eck if this is an			
					am	ended filing
Official Form 1	06D					
		Who Have Claims Se	cured	by Propert	٧	12/15
					<u> </u>	
		If two married people are filing together, bout, number the entries, and attach it to the				
I. Do any creditors have	e claims secured by	y your property?				
□ No. Check this	s box and submit t	his form to the court with your other sch	edules. You	u have nothing else t	to report on this form	n.
Yes. Fill in all of	of the information	below.				
Part 1: List All Se	cured Claims					
	ecured Claims	more than one secured claim, list the creditor	senarately	Column A	Column B	Column C
2. List all secured clain for each claim. If more t	ms. If a creditor has than one creditor has	more than one secured claim, list the creditor a particular claim, list the other creditors in F cal order according to the creditor's name.		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2. List all secured clain for each claim. If more t	ns. If a creditor has than one creditor has e claims in alphabeti	a particular claim, list the other creditors in F	Part 2. As	Amount of claim	Value of collateral	Unsecured portion If any
2. List all secured claim for each claim. If more t much as possible, list the	ns. If a creditor has than one creditor has e claims in alphabeti	a particular claim, list the other creditors in F cal order according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
List all secured claim for each claim. If more to much as possible, list the much as possible and the much as possib	ms. If a creditor has than one creditor has e claims in alphabeti	a particular claim, list the other creditors in Figure 2 cal order according to the creditor's name. Describe the property that secures the control of the property that secures the property that the	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
List all secured claim for each claim. If more to much as possible, list the claim. BSI Financial Creditor's Name 314 S Frankli Second Floor	ms. If a creditor has than one creditor has e claims in alphabeti	per a particular claim, list the other creditors in Figure 2 and order according to the creditor's name. Describe the property that secures the control of the property that secures the property that secures the control of the property that secures the	Part 2. As Claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
List all secured claim for each claim. If more to much as possible, list the much as possible and the much as possib	ns. If a creditor has than one creditor has e claims in alphabeti I Services n Street	ca particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the control of the contro	Part 2. As Claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the control of the c	ns. If a creditor has than one creditor has e claims in alphabeti I Services n Street	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the control of the property that secures the proper	Part 2. As Claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
List all secured claim for each claim. If more to much as possible, list the claim. BSI Financial Creditor's Name 314 S Frankli Second Floor PO Box 517	ns. If a creditor has than one creditor has e claims in alphabeti I Services n Street	Describe the property that secures the color of the date you file, the claim is: Checology. As of the date you file, the claim is: Checology. Contingent Unliquidated	Part 2. As Claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the control of the c	ns. If a creditor has than one creditor has e claims in alphabeti I Services In Street	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the control of the property that secures the proper	Part 2. As Claim:	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
List all secured claim for each claim. If more t much as possible, list the BSI Financial Creditor's Name 314 S Frankli Second Floor PO Box 517 Titusville, PA Number, Street, City,	ns. If a creditor has than one creditor has e claims in alphabeti I Services In Street	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures secures the continuous secures secur	claim:	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the second	ns. If a creditor has than one creditor has e claims in alphabeti I Services In Street	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous the property that secures the continuous the property that secures the continuous that secures that secures that secures the continuous that secures the continuous that secures tha	claim:	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the control of the	ns. If a creditor has than one creditor has e claims in alphabeti I Services I Street I A16354 State & Zip Code Check one.	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures sec	claim: rk, k all that	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the content of the c	ns. If a creditor has than one creditor has e claims in alphabeti I Services I Street I A16354 State & Zip Code Check one.	ca particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures secures the continuous secures s	claim: rk, k all that	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the content of the c	ns. If a creditor has than one creditor has e claims in alphabeti I Services I Services I Street I A 16354 State & Zip Code Check one.	ca particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures secures the continuous secures s	claim: rk, k all that	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the case of the control of the control of the case	ns. If a creditor has than one creditor has e claims in alphabeti I Services I Street I 16354 State & Zip Code Check one.	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures secures the continuous secures se	claim: rk, skall that gage or secu	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the second	ns. If a creditor has than one creditor has e claims in alphabeti I Services I Street I 16354 State & Zip Code Check one.	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures the con	claim: rk, k all that gage or seculic's lien) ortgage	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any
2. List all secured claim for each claim. If more to much as possible, list the 2.1 BSI Financial Creditor's Name 314 S Frankli Second Floor PO Box 517 Titusville, PA Number, Street, City, Who owes the debt? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor At least one of the decommunity debt Date debt was incurred	ns. If a creditor has than one creditor has e claims in alphabetic services I Services I Street I 16354 State & Zip Code Check one. 2 only ebtors and another relates to a	a particular claim, list the other creditors in Fical order according to the creditor's name. Describe the property that secures the continuous secures the con	claim: rk, gage or secu ic's lien) prtgage 7215	Amount of claim Do not deduct the value of collateral. Unknown	Value of collateral that supports this claim	Unsecured portion If any

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in this inf	ormation to identify your	case:			
Debtor 1	Surinder S Ghotra	a			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK		
Case number	8-19-78179				☐ Check if this is an
Official Fo	orm 106E/F				amended filing
Schedule	E/F: Creditors W	ho Have Unse	cured Claims		12/15
Schedule D: Cre left. Attach the (name and case Part 1: Lis 1. Do any cre	editors Who Have Claims Sec Continuation Page to this pag number (if known). t All of Your PRIORITY Un ditors have priority unsecure	ured by Property. If more e. If you have no informa	space is needed, copy to	any creditors with partially secured he Part you need, fill it out, number do not file that Part. On the top of an	the entries in the boxes on the
No. Go	to Part 2.				
☐ Yes.					
Part 2: Lis	t All of Your NONPRIORIT	V Uneccured Claims			
	editors have nonpriority unsec		2		
				dulaa	
_	have nothing to report in this p	art. Submit this form to the	court with your other sche	edules.	
Yes.					
unsecured	claim, list the creditor separately	/ for each claim. For each	claim listed, identify what t	holds each claim. If a creditor has m ype of claim it is. Do not list claims alre three nonpriority unsecured claims fill	ady included in Part 1. If more
					Total claim
	over Fin Svcs Llc	Last 4 dig	gits of account number	1363	\$11,512.00
Pob	ority Creditor's Name 15316 ington, DE 19850	When wa	s the debt incurred?	Opened 06/18 Last Active 5/17/19	
Numbe	er Street City State Zip Code ncurred the debt? Check one.	As of the	date you file, the claim i	s: Check all that apply	
■ Del	btor 1 only	☐ Contin	gent		
☐ Del	btor 2 only	☐ Unliqu	idated		
☐ Del	btor 1 and Debtor 2 only	☐ Disput	ed		
☐ At I	least one of the debtors and and	other Type of N	ONPRIORITY unsecured	d claim:	
□ Ch	eck if this claim is for a comr				
debt Is the	claim subject to offset?		tions arising out of a sepa priority claims	ration agreement or divorce that you d	id not
■ No	-		-	g plans, and other similar debts	
☐ Yes	S	Other.	Specify Credit Card		
			· -		

Official Form 106 E/F

Debto	Surinder S Ghotra		Case number (if known)	8-19-78179		
4.2	Gm Financial Nonpriority Creditor's Name	Last 4 digits of account number	6447		\$1,616.00	
	Po Box 1181145 Arlington, TX 76096	When was the debt incurred?	Opened 12/15 Last Active 11/14/17			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separate of the separate of th	aration agreement or divorce	that you did not		
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts		
	☐ Yes	Other. Specify Lease				
4.3	Gm Financial	Last 4 digits of account number	6911		\$1,587.00	
	Nonpriority Creditor's Name Po Box 181145 Arlington, TX 76096	When was the debt incurred?	Opened 08/17 Last 8/01/19	t Active		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts		
	Yes	■ Other. Specify Lease				
4.4	Ok Student Loan Author Nonpriority Creditor's Name	Last 4 digits of account number	7699		\$8,343.00	
	525 Central Park Drive Oklahoma City, OK 73105	When was the debt incurred?	Opened 04/16 Last 5/07/18	t Active		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	ebts		
	□Yes	Other. Specify				
		Education				

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Surinder S Ghotra

Case number (if known)

8-19-78179

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 8,343.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	60	\$ 0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 14,715.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 23,058.00

Case 8-19-78179-reg Doc 11 Filed 12/27/19 Entered 12/27/19 11:07:34

Fill in this	information to identify your	case:			
Debtor 1	Surinder S Ghotr	a			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT (OF NEW YORK		
Case num	ber <u>8-19-78179</u>				☐ Check if this is an amended filing
	l Form 106H Iule H: Your Cod	ebtors			12/15
people are fill it out, a your name	and number the entries in the e and case number (if known	ally responsible for sup boxes on the left. Attac). Answer every question	plying correct information the Additional Page to n.	on. If more space is nee this page. On the top o	as possible. If two married ded, copy the Additional Page, f any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse a	as a codebtor.	
■ No					
Arizor No	thin the last 8 years, have you na, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pเ	uerto Rico, Texas, Washir		tates and territories include
in line Form	e 2 again as a codebtor only	if that person is a guaraı	ntor or cosigner. Make s	ure you have listed the	vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The credi	tor to whom you owe the debt that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line)
•	Number Street City	State	ZIP Code	-	
3.2	Name			☐ Schedule D, line☐ Schedule E/F, line☐ Schedule G, line	
	Number Street City	State	ZIP Code	-	